	State of N	New Mexico	Form C-304
Submit 5 Copies Appropriate District Office DISTRICTION VIALS NIA 78140		itural Resources Department	Revised 1-1-89 See Instructions at Boitom of Page
DISTRICT II P.O. Drawer DD, Attesia, NM 88240	P.O. B	ATION DIVISION Box 2088	
DISTRICT III		1exico 87504-2088	
IXX Rio Brazos Rd., Aziec, NMI 87410 I.	REQUEST FOR ALLOWA TO TRANSPORT OI	BLE AND AUTHORIZA L AND NATURAL GAS	T Well API No.
Operator Mack Energy Corpor.	ation		
Address			
P.O. Box 276, Arte Reason(s) for Filing (Check proper box)	S12, NM 00210	Uther (Please explain)	
New Well	Change in Transporter of: Oil Dry Gas	Effective 8/1/	92
Change in Operator	Casinghead Gas Condensate	$\mathbf{p} = 0$ lineway 217 A	rtesia. NM 88210
the address of previous operator	oob Energy Corporation,	P. 0. Diawei 217, 1	
II. DESCRIPTION OF WELL Lease Name	Well No. Pool Name, Includ	ling Formation n Rivers, North	Kind of Lease Lease No. SERVEX Federal OKFEX LC-067230
Lusk Seven Rivers U: Location			east
Unit LetterJ	1980 Feet From The	outh 1980	Feet From The Line
Section 3 Townshi	p 19S Range 32E	, NMPM,	Lea County
Name of Authorized Transporter of Oil	SPORTER OF OIL AND NATU	JRAL GAS Address (Give address to which a P.O. Box 159, Art	epproved copy of this form is to be sent) esia. NM 88210
Navajo Refining Co Name of Authonized Transporter of Casing	ghead Gas X or Dry Gas	Address (Give address to which a 4001 Penbrook, Od	pproved copy of this form is to be sent)
GPM Corporation If well produces oil or liquids, five location of tanks.	Unit Sec. Twp. Rge.		When 7
f this production is commingled with that i	from any other lease or pool, give comming	ling order number:	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover D	eepen   Plug Back   Same Res'v   Diff Res'v
Designate Type of Completion	- (X) Juste Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	CEMENTING RECORD	SACKS CEMENT
	-	-	
V. TEST DATA AND REQUES	ST FOR ALLOWABLE		
DIL WELL (Test must be after re Date First New Oil Run To Tank	ecovery of total volume of load oil and mus	t be equal to or exceed top allowable Producing Method (Flow, pump, t	e for this depth or be for juit 24 hours.j gas lift, etc.)
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test		Water - Bbis.	Gas- MCI <sup>†</sup>
Actual Prod. During Test	Oil - Bbls.		
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensale/MMCI	Gravity of Condensate
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Clioke Size
osting Method (pitor, back pr.)			
I. OPERATOR CERTIFICA	tions of the Oil Concervation	OIL CONSE	<b>RVATION DIVISION</b>
I hereby certify that the rules and regular Division have been complied with and th is the and complete to the best of her ki	hat the information given above nowledge and belie.	Date Approved _	SEP 1 1'92
perconant pa	· · · · · · · · · · · · · · · · · · ·		SNED BY JERRY SEXTON
Signature Rhonda Nelson		B'STR	BNED BY JERRY SEXTON
Rhohua herson	Production Clerk		
Printed Name AUG 2 8 1992	Production <u>Clerk</u> Tide 748-3303 Telephone No.		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 I) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.